



CREATIVE LEARNING CENTERS

Fairfield ♦ Forest Park ♦ Hamilton ♦ Mount Healthy

Welcome to the Kid Works Family!

Dear Incoming Families,

Welcome to the Kid Works Family!

We appreciate the trust you've placed in us to care for and instruct your children and will endeavor to provide the safest, highest quality facilities, instructors, and materials possible.

At Kid Works we operate with a simple philosophy: we put children first. This means that every decision we make is based on what will ultimately benefit and help us best serve the children in our care. For you that means peace of mind.

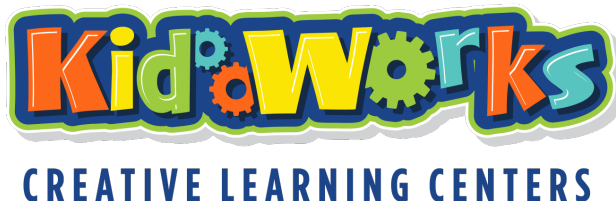
As our name states, we are a Creative Learning Center. We have a strong partnership with the State of Ohio Department of Education and ODJFS and are committed active participants in the Step Up to Quality program utilizing the Creative Curriculum to work with your children. Creative Curriculum is most successful when there is a positive partnership between our families and us and we depend on everyone doing their part in order to provide the best care possible.

We trust that you will find our center meets or exceeds your expectations; if you ever have any questions or concerns please do not hesitate to contact your Administrator directly. Thanks for being a part of Kid Works!

Sincerely,

The Kid Works Team

Door Code _____
(press start, enter code,
and press open)



Parent Handbook

What to Bring on your first day at Kid Works

Before admission to school, parents must review Kid Works policies and procedures outlined in the parent handbook and review, initial and sign the Admissions Agreement with the Administrator and turn in all completed Enrollment Forms listed on the admissions agreement and included in the enrollment packet.

Items that need to be brought daily/weekly:

Infants

- Bottles with lids - Minimum 4 (must go home and be washed daily)
- Formula
- Diapers - Minimum 6 a day or a pack a week and wipes for the week
- Two to three extra changes of clothes (seasonal)
- Pacifier (optional)
- Shoes & Socks

Toddlers

- Travel blanket and pillow
- Pull-ups – Minimum 6 a day or a pack of week and wipes for the week
- Two to three extra changes of clothes (seasonal)
- Sippy Cup (must go home and be washed daily) (optional)
- Closed toe shoes

Preschool /Prek

- Travel blanket and pillow
- One pair of extra changes of clothes (seasonal) - two if potty training
- Closed toe shoes and back
- A minimal of 6 pull ups a day or a pack a week and wipes for the week
- Water bottle permitted with water only

School Age

- Water bottles with water only and labeled
- Closed toe shoes with back
- No Electronics (unless approved by management)

IMPORTANT REMINDERS:

- **Taps must be done daily at drop-off and pick-up**
- **Snacks and Meals:** Breakfast served from 8am – 9am you must arrive by 9 to receive breakfast. All snacks and meals will be provided by the center – *no outside food is allowed.*
- **Cut off Time is 9:30 am** (please call in advance if running late to be permitted in the center, if ratio permits)



CREATIVE LEARNING CENTERS

ADMISSIONS AGREEMENT

I. Admissions Agreement & Enrollment Forms

Before admission to school, parents must provide a completed Admissions Agreement (this document) and all Enrollment Forms which includes the following forms (Admin will check off each confirming completion)

- ☐ JFS 01234 Child Enrollment & Health Information (annual review)
- ☐ JFS 01305 Child Medical Statement for Childcare (annual)
- ☐ JFS-01511 Family Information for Step Up To Quality (annual)
- ☐ CACFP Enrollment Form
- ☐ CACFP Income Eligibility Form (annual) * \$25 will be charged weekly for meals if form is not completed.
- ☐ Parent Transportation Agreement/Policies

Parent Initial _____

II. Preschool/Childcare Agreement

The undersigned parent or legal guardian hereby give consent to Kid Works Creative Learning Centers to provide childcare/preschool services to my child.

Parent Initial _____

III. Family Information

This contract is being made between the Parents/Guardians listed below:

_____ Relationship to Child _____

_____ Relationship to Child _____

_____ Relationship to Child _____

and Kid Works CLC for the care of the following child:

Name of Child being enrolled: _____ Age: _____

Child will attend _____ Full-time/ _____ Part-time, for the school year _____ to _____

Parent Initial _____

IV. Alternate Pick-up Authorization

In addition to those listed in section III, the following individuals are authorized to pick-up:

Name: _____ Address: _____ Phone Number: _____
Name: _____ Address: _____ Phone Number: _____
Name: _____ Address: _____ Phone Number: _____

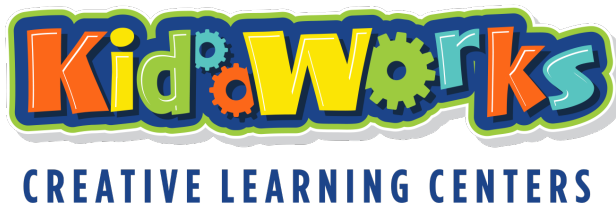
Parent Initial _____

V. Attendance/Schedule

We request that your child **arrive no later than 9:30 am** to avoid interrupting the start of classroom activities.
My child will attend the following hours:

_____ to _____
Monday Tuesday Wednesday Thursday Friday

Parent Initial _____



VI. Fees & Payments

The undersigned parent or legal guardian acknowledge responsibility for all fees associated with the care being provided and that fees must be paid prior to receiving care.

Parent Initial _____

- A. Payment Schedule:** All fee payments are due by Friday at noon for services the following week. With payments received late receiving a \$25 late fee.

Parent Initial _____

- B. NSF Fees:** I understand that a processing fee of \$40 and a late payment fee of \$25 will be billed to my account for non-sufficient funds. NSF fees must be paid by money order, credit or cash. If my account incurs an NSF fee two times, I will be required to pay all future tuition with money order, credit or cash.

Parent Initial _____

- C. Late pickup fee:** For all late pickups a late fee of \$40.00 per child within the first 15 minutes 6:00 PM-6:15pm. You will be charged an additional \$20 per child every 5 minutes after 6:15pm. The late fee will be billed to your DCW account.

Parent Initial _____

- D. Full-time Fees:** The undersigned parents or guardians acknowledge that they are responsible to attend full-time for children registered for full-time attendance; that they are responsible for full-time fees whether the attendance met the full-time hours or not. For families receiving assistance this means that they are responsible for any difference for full-time children who did not TAP full-time hours.

Parent Initial _____

- E. Transportation Fees (For Parents of School Age Children):** I understand that from September through May I will be required to pay a \$6 transportation fee prior to each week in order to be transported to and from school. I also understand that my account must be current each week in order for my child/ren to ride the Kid Works CLC bus to and from school.

Parent Initial _____

- F. Damages:** The undersigned parents or legal guardians acknowledge that they are responsible for all costs associated with repairs of damages at the center caused by their child.

Parent Initial _____

VII. Lost or Stolen Items

While great care is taken to keep personal items organized and cared for we cannot be held responsible for damaged, lost or stolen articles. We recommend labeling personal items such as names on jackets and other clothing items. No outside toys or money permitted. Please report any lost articles immediately and we will endeavor to provide reasonable assistance to search for and recover the item.

Parent Initial _____



CREATIVE LEARNING CENTERS

VIII. Time, Attendance and Payment System (TAPS) Agreement (for families receiving assistance only)

You may use the system at the center or your mobile phone - please see the office if you need help registering your mobile phone. Failure to TAP takes time and resources away from better serving your family.

The undersigned parent or legal guardian agrees to:

- A. TAP my child in every morning Parent Initial _____
 - B. TAP my child out every evening Parent Initial _____
 - C. Being turned away or withdrawn for failing to TAP Parent Initial _____
 - D. Have my child attend the center as a full-time student (over 25 hours a week) as agreed with ODJFS and the childcare provider and will be responsible for the difference between full-time private pay rate and part-time voucher payment if I fall into part-time status. Parent Initial _____
 - E. Fix any TAP error within 3 days of the error or a failure to swipe occurred. Parent Initial _____
 - F. Not to exceed my allowed 10 days of absences from Jan – Jun & Jul – Dec. If I exceed my 10 absences I will be responsible for any fees not paid by ODJFS. Parent Initial _____
 - G. Pay any charges that ODJFS refuses to pay due to my failure to follow this TAP system policy. Parent Initial _____
- **Please note that per your agreement with ODJFS you are responsible for paying your co-pay and any other associated charges. Failure to pay those charges will result in your child being withdrawn from care and a lien placed on your publicly funded vouchers until your balance is paid in full**
- Parent Initial _____

IX. Hours of Operation, Closures & Holidays

Hours of operation are Monday through Friday from 6:30 am – 6:00 pm, 12 months a year. Our Schools are licensed for specific hours of operation; early arrival and late pick-up cannot be allowed. Additional details are provided in the parent handbook for Closures and Holidays.

Parent Initial _____

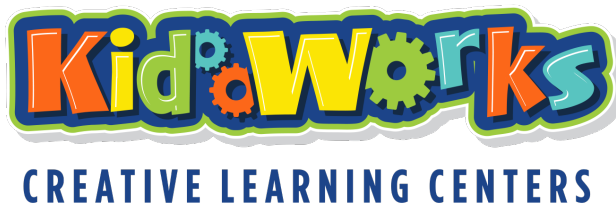
X. Snacks and Meals (Breakfast served from 8 - 9 you must arrive by 9 to receive breakfast)

All snacks and meals will be provided by the center – ***no outside food is allowed***. The only exceptions are birthdays, holiday parties, and special events that have received the approval of the Director. **Any other situation *must* be directed by a doctor's note per state regulation on "Dietary Restriction".**

Parent Initial _____

XI. Photo & Social Media Release

As the internet and Social media have become great ways to communicate with parents and the public, the center and assignees may use photographs, reproductions, and/or sound recordings of my child. Such use may include advertising and publicity purposes such as Website, Facebook or Instagram or other publicity or advertising materials.



Parent Initial _____

XII. Step Up To Quality (SUTQ)

I give parent consent to screen my child using the Ages & Stages Developmental Screening in the first 30-60 days of enrollment and annually thereafter for the purpose of identifying any developmental delays or special needs and to keep this assessment in my child's records. I understand if any signs of early intervention are determined, I will follow through on any referrals necessary to get my child the support he/she needs.

Parent Initial _____

XIII. Concerns/Communication

As a parent, if you ever have a concern or question regarding your child, the program, or activities we are readily available to talk to you. Please feel free to stop by or call the office to set up an appointment to meet with the Director. We also have, for your convenience, a Parent Communication Form located in the lobby to be filled out and turned into the center director. Please do not hesitate to talk to us anytime! If after speaking with your director, you are unsatisfied with the current resolution you may request to speak with a Senior Director or our Executive Director as a final step to resolve your concerns. Please understand that setting an appointment vs an impromptu meeting will ensure attention undivided. Note: at no time is inappropriate language or tone to be used in addressing Kid Works staff or management and you will be asked to leave the premises until such time as a civil conversation can be scheduled to address your concern.

Parent Initial _____

XIV. Parent Handbook



I understand that a copy of the parent handbook is available at all times in the center office/lobby, on the Kid Works website: <http://www.kidworks.com> or with this QR code. If requested one can be emailed or printed. **I have read/or will read to understand all the policies and procedures set forth in the Parent Handbook.**

Parent Initial _____

XV. Signatures:

The signatures below indicate agreement and understanding with this contract and with the written policies of Kid Works contained herein and within the Parent Handbook and will comply with them. The provider may change policies as needed.

Parent/Guardian's name

Parent's signature/date

Parent/Guardian's name

Parent's signature/date

Administrator's name

Administrator's signature/date



Parent Transportation Agreement & Policies

I, _____, give permission for my child care provider, or any approved
(Name of parent)

employee of the above program, to transport my child _____
(Name of child)

for the following reasons (check all that apply):

____ School _____ Dropoff Time _____ AM/PM, Pickup Time _____ AM/PM
(Name of school) (Check One) (Check One)

____ Field trips

____ Emergency purposes

____ Any reason deemed necessary by the program

It is agreed that:

1. A list of all drivers & all children being transported will be kept on file at all times.
2. Any motor vehicle used to transport children will have current registration and inspection report, insurance and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
3. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
4. Each child will board or leave a vehicle from the curb side of the street.
5. Each child must wear shoes on the bus.

(Parent or Guardian)

(Date)

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name #1			Relationship to Child		
Home Address ☐ Same as Child's			Home Telephone Number ☐ Same as Child's		
City			State		Zip
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. ☐ Yes ☐ No					
If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address ☐ Same as Child's			Home Telephone Number ☐ Same as Child's		
City			State		Zip
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. ☐ Yes ☐ No					
If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child	Telephone Number		Relationship to Child
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff **or medical personnel** in an emergency situation.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

☐ Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? ☐ Yes <i>(If yes, skip to Emergency Transportation Authorization section)</i> ☐ No <i>(If no, fill out the following:)</i>	
The program's policy is to check diapers every <u> 2 </u> hours. Please indicate if you want your child's diaper checked according to the program's policy or another:	
☐ I agree with the program's schedule	☐ I do not agree, please check my child's diaper every <u> </u> hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	Do Not Give <u>Permission</u> to Transport		
Program or Home Name Kid Works Creative Learning Centers has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		Program or Home Name does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:		
Parent's Signature		Date	Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. ☐ Yes ☐ No <i>(check one)</i>	
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.	
Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	Date of Birth																					
Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):																						
Section A- EXAMINATION																						
☒ The above named child has been examined.																						
☒ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).																						
☒ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>): 																						
<i>Check below, if applicable:</i> ☐ Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.																						
Optional: Measurements and Recommended Assessments/Screenings <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Height _____</td> <td style="width: 20%;">Vision _____</td> <td style="width: 10%;">☐ Yes</td> <td style="width: 10%;">☐ No</td> <td style="width: 20%;">Lead _____</td> <td style="width: 10%;">☐ Yes</td> <td style="width: 10%;">☐ No</td> </tr> <tr> <td>Weight _____</td> <td>Hearing _____</td> <td>☐ Yes</td> <td>☐ No</td> <td>Hemoglobin _____</td> <td>☐ Yes</td> <td>☐ No</td> </tr> <tr> <td>BMI _____</td> <td>Dental _____</td> <td>☐ Yes</td> <td>☐ No</td> <td>Other: _____</td> <td colspan="2"></td> </tr> </table> Notes:		Height _____	Vision _____	☐ Yes	☐ No	Lead _____	☐ Yes	☐ No	Weight _____	Hearing _____	☐ Yes	☐ No	Hemoglobin _____	☐ Yes	☐ No	BMI _____	Dental _____	☐ Yes	☐ No	Other: _____		
Height _____	Vision _____	☐ Yes	☐ No	Lead _____	☐ Yes	☐ No																
Weight _____	Hearing _____	☐ Yes	☐ No	Hemoglobin _____	☐ Yes	☐ No																
BMI _____	Dental _____	☐ Yes	☐ No	Other: _____																		
Signature of Examining Health Care Practitioner	Date of Examination																					
Name of Examining Health Care Practitioner	Telephone Number																					
Street Address	City, State and Zip Code																					

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (Complete ONLY ONE SECTION below) Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases: Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: ☐ The above named child has been immunized against the diseases listed above. <i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i>	Initials of Examining Health Care Practitioner Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): ☐ I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	Signature of Parent Date

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name (Last)	(First)	Nickname (If any)
<i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? ☐ Yes or ☐ No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks ☐ milk, ☐ formula, ☐ juice or ☐ water. (Check all that apply) How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

child?

Please check all of the words that best describe your child's personality and behavior

- ☐ active ☐ adventurous ☐ affectionate ☐ anxious ☐ bossy ☐ bright ☐ busy ☐ calm ☐ cautious ☐ cheerful
☐ content ☐ creative ☐ curious ☐ easily-angered ☐ emotional ☐ energetic ☐ excitable ☐ friendly ☐ gives-in-easily
☐ happy ☐ hesitant ☐ insecure ☐ jealous ☐ likes structure/routines ☐ loud ☐ loving ☐ mellow ☐ outgoing
☐ prefers adult attention ☐ quiet ☐ sensitive ☐ serious ☐ shares-well ☐ social ☐ spontaneous ☐ stubborn ☐ tentative
☐ other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a ☐ high chair, ☐ booster, ☐ child size chair or ☐ adult size chair. *(Check the one that applies.)*

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?



OHIO CHILD AND ADULT CARE FOOD PROGRAM CHILD CARE CENTER COMPONENT Income Eligibility Application

The childcare center component Income Eligibility Application (IEA) for free or reduced-price meal benefits to be utilized for fiscal year 2025-2026 is attached. The packet includes sponsor instructions, the income eligibility guidelines, income eligibility application for free and reduced-price meals and the household letter to enrolled participant's parent/guardians. The Guidelines and Income Eligibility Application are effective as of July 1, 2025.

The U.S. Department of Agriculture (USDA) expanded the income eligibility determination procedures to afford sponsors greater flexibility concerning the effective date when approving income applications. The date used to make this determination may be either of the following options:

- A. The date on which the sponsor or center representative signs the form to certify eligibility/category of the child; or,
- B. The date the parent or guardian signed the income form

Beginning October 1, sponsors will indicate the determination procedure to be used on the application childcare center component management plan for the CACFP fiscal year 2025-2026.

For the income form to be valid, the sponsor/center representative must sign, date and categorize the form at the bottom of page regardless of the procedure used to determine the eligibility effective date. Failure to do so will render the form incomplete and the child only may be claimed as paid until the month the form was completed by the sponsor/center representative.

Reminder: Households are no longer required to report changes to income or household size or when the household is no longer certified eligible for food assistance and/or Ohio Works First (OWF). Once approved for free or reduced-price benefits, a household will remain eligible for those benefits for a period of no more than 12 months. Valid case numbers are 7 digits.

After July 1, 2025, sponsors should include the IEA and household letter (front and back) in the enrollment packet for new enrollees. Sponsors shall collect and maintain documentation of the enrollment of each participant, including information used to determine eligibility for free and reduced-price meals. Such documentation of enrollment must be updated annually and signed by a parent or legal guardian. Remember that all IEAs must be completed every 12 calendar months (Example: A form signed July 1, 2025 (by the sponsor) will expire July 31, 2026).

IEA forms and household letters are available in the Download Forms section of the Claims Reimbursement and Reporting System (CRRS). Please remember that participant eligibility is confidential and must be protected. Participant eligibility information can only be released for purposes permitted by federal laws. If you have questions or require additional assistance, please call the Ohio Department of Education, Office of Nutrition at 614-466-2945 or toll free at 800-808-6325.

**OHIO CHILD AND ADULT CARE FOOD PROGRAM
CHILD CARE CENTER COMPONENT
SPONSOR INSTRUCTIONS FOR INCOME ELIGIBILITY APPLICATION**

**Fiscal Year (FY) 2025 - 2026
Effective July 1, 2025, through June 30, 2026**

PURPOSE:

The Child and Adult Care Food Program (CACFP) recognizes the relationship between food, good nutrition and the capacity of children to develop and learn. CACFP reimbursement assists participating agencies to provide children with well-balanced, nutritious meals and snacks. The U.S. Department of Agriculture (USDA) has established three meal rate categories: free, reduced-price, and paid. This provides greater assistance to sponsoring centers serving higher enrollments of needy children. The number of children categorized as free, reduced-price, or paid enrollment determines food reimbursement levels.

DISTRIBUTION OF INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS:

It is not required to distribute the household letter and income eligibility application for free and reduced-price meals for the following programs:

1. Homeless, domestic violence or emergency shelters.
2. After school at-risk programs; and
3. Federally funded Head Start/Early Head Start

When receiving CACFP assistance, participating institutions must choose to collect family size and income data for all members of the household, collect food assistance (SNAP, formerly food stamps), or Ohio Works First (OWF) numbers from families of enrolled children OR not to collect this information at all. If the institution chooses not to collect the information, the institution will automatically receive the reimbursement rate established for the paid enrollment category for all enrolled children. If the choice is made to collect information, the institution must give the Ohio CACFP income eligibility application for free and reduced-price meals and household letter to the participant or family of each enrolled child. Parents/guardians can complete the optional application. For an enrolled child to be claimed for free or reduced-price benefits, the institution must have a complete application containing all required information on file. Any family whose income is above the reduced-price guidelines is not required to return a completed application.

CACFP sponsors cannot require parents/guardians to complete the income eligibility application. However, the CACFP sponsor must provide the form to all families if the center will be claiming any child in the free or reduced-price enrollment categories. If parents/guardians choose not to complete the application, the child is claimed in the paid enrollment category.

CATEGORIZING INCOME ELIGIBILITY FORMS AS FREE, REDUCED PRICE OR PAID:

Free or reduced-price forms are qualified by having parents or guardians complete PARTS 1, 2, and 4 or PARTS 1, 3, and 4 (depending on data collection method) of the Ohio CACFP income eligibility application for free and reduced-price meals. The asterisks (*) on the form indicate required information.

CENTER NAME: The sponsor needs to insert the center name prior to making copies for distribution.

PART 1: Child Information

Name/Age/Birth Date - List children who are enrolled at the center. Age and birth date is optional.

Foster Child – Check box if listed enrolled child is a foster child. A foster child is defined as one whose care and placement is the responsibility of the state or that the foster child has been placed with a caretaker household by a court. A foster child is the legal responsibility of a welfare agency or court. For purposes of categorical eligibility for free meals, informal arrangements that may exist outside of state or court-based systems are not applicable regarding foster children.

Foster children are categorically eligible for free meals through two options:

- Option 1 – Income Eligibility Application: Part 1 (name and foster child designation) and Part 4 (signature of adult member of foster home or state welfare agency and date) must be completed. Certification documentation is to be kept on file with the application.

Foster children are no longer required to be listed on a separate Income Eligibility Application. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same income eligibility application with their non-foster children. The sponsor would categorize the foster child as free and then make an eligibility determination for the remainder of the children based on the household's income (including personal income earned by the foster child) or other categorical eligibility information (food assistance (SNAP) or Ohio Works First (OWF) case numbers) reported on the application. Foster payments received by the foster family from the placing agency are not considered income and do not need to be reported. The presence of a foster child does not convey eligibility for free meals to all children in the household.

- Option 2 – Certification for free meals without income eligibility application: Sponsor obtains documentation (such as a certificate or letter) from an appropriate state or local agency indicating the status of the child as a foster child whose care and placement is the responsibility of the state or that the foster child has been placed with a caretaker assigned by a court. Certification documentation is to be kept on file in lieu of income eligibility application.

PART 2: Households Receiving Food Assistance (SNAP) or Ohio Works First (OWF)

Food Assistance (SNAP) - A household receiving food assistance (SNAP, formerly food stamps) only need to provide the current case number and the date and signature of an adult member of the household in Part 4. A child qualifying in this category must be a member of the food assistance household. Then the child is approved in the free category.

Ohio Works First (OWF) - The OWF case number of the enrolled child and the signature of an adult household member and date in Part 4 are required. Then the child is approved in the free category.

NOTE: The case number or identification number on county payment rosters or vouchers may not be food assistance or Ohio Works First case numbers. Valid case numbers are 7 digits. It is recommended that sponsors contact their county Job and Family Services office to determine the validity of food assistance or case numbers.

PART 3: Total Household Size, Total Household Gross Income/How Often It Was Received

Household Size - List the names of all household members including all children regardless of whether they receive income or not. If additional space is needed, attach an additional sheet of paper. Household is defined as a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit. As one economic unit, they would share housing and/or significant income and expenses. Generally, individuals residing in the same house are one economic unit. However, if more than one economic unit resides together in the same house, they are usually characterized by prorating expenses and having economic independence from one another.

Household Size Special Situations:

- Adopted child: An adopted child is one for whom a household has accepted legal responsibility and is a member of the household.
- Child attending an institution: A child who attends but does not reside in an institution is a member of the household in which he/she resides.
- Child away at school: A child who is temporarily away at school (e.g., boarding school or college) should be counted as a member of the household.
- Child living with one parent, relative or friends: In cases where no specific welfare agency or court is legally responsible for the child or where the child is living with one parent, other relatives or friends of the family, the child is a member of the household with whom he/she resides.

- Children of parent who are foster parents: When foster parents apply for benefits for their own children, they may choose to include foster children as household members as well as any personal income earned by the foster child. Additionally, the payments provided for the care of the foster child should be excluded as income to the household.
- Family members living apart: Family members living apart on a temporary basis are considered household members. Family members living away from the household for an extended period are not considered members of the household for purposes of determining eligibility. Any money made available by family members living outside of the household, or on their behalf for the household, is included as income to the household.
- Institutionalized family members: An institutionalized spouse or other member of the household away for extended periods should not be considered a member of the household.
- Joint custody: In cases where joint custody has been awarded, and the child physically changes residence, the child is part of the household where he/she resides. Therefore, the child's eligibility could change depending on the rotating time periods of each household.

No/Zero Income – For each household member listed in Part 3 (including children), check the box if that person has no/zero income. If the income form indicates that the household has no or zero income, then the household has year-long eligibility as Free. There is no longer any temporary 45-day approval for zero household income.

Household Income and How Often It Was Received – If a valid food assistance (SNAP) or Ohio Works First (OWF) case number is not entered in Part 2 then households must report their current gross income on Part 3 of the application for free or reduced-price meal eligibility. For each household member, list each type of income received during the month prior to the application and denote how often the money was received (weekly, every two weeks, twice per month, monthly, and annually). Income is defined as any money received on a recurring basis, including gross income earned (unless specifically excluded by legislation). Gross earned income means all money earned before deductions such as income taxes, employee's social security taxes, insurance premiums and bonds. If a household member routinely earns overtime, then it should be included. If overtime is only earned sometimes, it should not be included. If income during this month is higher or lower than usual, and does not accurately represent the household's actual circumstances, the household may project its annual rate of income based on the following conversions.

When households have multiple sources of income paid on different schedules all incomes must be converted to annual income. Use the following income conversions: weekly income X 52, biweekly (every other week) income X 26, semi-monthly (twice per month) income X 24, and monthly income X 12.

Income and how often it was received (example: \$1,500 / week) must be reported in these designated columns:

Column 1	<u>Work earnings</u> : Wages, salaries, tips, and commissions. Self-employed individuals should report income after expenses (net income).
Column 2	<u>Welfare payments/child support/alimony</u> : Public assistance payments, welfare payments, alimony and child support payments. Food assistance benefits should not be reported.
Column 3	<u>Pensions/retirement/social security/Supplemental Security Income (SSI)/Veterans' (VA)</u> : Pensions, retirement income, Social Security, SSI, VA payments and disability payments.
Column 4	<u>All other income</u> : Workers' Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities, business, farm or rental property and any other money that may be available to the family. Do not include food assistance payments or federal education benefits.

Income Exclusions:

- Foster children: Payments received by a household for a foster child.
- Student financial assistance: Provided for the costs of attendance at an educational institution, such as grants and scholarships awarded to meet educational expenses.
- Loans: These funds are only temporarily available and must be repaid. (example: bank loans)
- In-kind compensation value: Such as military on-base housing or any other noncash benefit.
- Occasional earnings: Received on an irregular basis and not recurring. Examples include occasional babysitting, mowing lawns and tax refunds.
- Federal programs, which are excluded by legislation: Including the value of assistance to children and their families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977.

Household Income Special Situations:

- Alimony and child support: Any money received by a household in the form of alimony or child support is considered income. Do not deduct money paid out for alimony or child support from a household's reported gross income.
- Child's income: List the earnings of a child who is a full-time or regular part-time employee on the application as income. However, occasional earnings such as income from occasional babysitting or mowing lawns should not be listed on the application as income.
- Garnished wages and bankruptcy: Income is the gross income received by a household before deduction. In the case of garnished wages and income ordered to be used in a specified manner, the total gross income must be considered regardless of whatever portions are garnished or used to pay creditors.
- Lump sum payments: Lump sum payments or large cash settlements are not counted as income since they are not received on a regular basis. These funds may be provided as compensation for a loss that must be replaced, such as an insurance settlement. When lump sum payments are deposited into a savings account and the household regularly draws from the account for living expenses, the amount withdrawn is counted as income.
- Military benefits: If housing is part of the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance is received, do not include these as income when determining household eligibility for free and reduced-price meals. This income exclusion is not an allowable exclusion for households living off-base in the general commercial/private real estate market. "Privatized housing" refers to the Military Housing Privatization Initiative which puts the operation of military owned housing under private contractor and a housing allowance would appear on the leave and earnings statement of service members living in privatized housing. In addition, concerning deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household can be counted as income to the household. Combat pay, including Deployment Extension Incentive Pay (DEIP) also is excluded and will not be counted as income to the household. All other allowances must be included in gross income.

PART 4: Signature and Last Four Digits of Social Security Number - An adult member of the household **must** sign their name and date the form. If the adult does not have a social security number, check the box marked, "I do not have a Social Security Number." The last four digits of the social security number are not required if food assistance, OWF or WIC case number has been listed in Part 2, or in the case of a student under the age of 21 who lives alone (emancipated student) or when an individual under 21 signs the application as the parent, guardian, or oldest member of a child's household. The last four digits of the social security number are required only when the monthly household income is used to determine the eligibility category.

PART 5: Racial and Ethnic Identity - The civil rights question on Part 5 of the income eligibility application for free and reduced-price meals is optional and does not need to be answered for the application to be considered complete. However, civil rights regulations require CACFP sponsors to maintain information about the racial/ethnic background of all enrolled children. All sponsors must record this information annually. All income and racial/ethnic information is confidential and protected by law. Sponsors are to limit the use of this information to people directly connected with administering the CACFP.

The racial categories are defined as:

1. **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
2. **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
3. **Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
4. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
6. **Other:** Determined by respondent.

Parents or guardians are to check the box that best describes the ethnic identity of the child(ren). Ethnic identity categories include the following:

- **Hispanic or Latino**
- **Not Hispanic or Latino**

HOUSEHOLD LETTER TO PARENTS/GUARDIANS:

Sponsors must distribute a household letter (page 10) to parents/guardians with the income eligibility application for free and reduced-price meals. The household letter should be on the reverse side of the application.

If you choose to develop your own household letter, it must include the following information:

1. A description of CACFP benefits to the parents/guardians of enrolled children. This is not required of child care centers claiming all enrolled children in the paid income category.
2. Nondiscrimination statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20260-9410; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or 3. **email:** program.intake@usda.gov
This institution is an equal opportunity provider.
3. Instructions to complete and submit application for free and reduced-price meals.
4. An explanation that an application must contain complete information to be considered eligible for free or reduced-price meals.
5. A statement that children of parents or guardians who become unemployed are eligible for meal reimbursement during periods of unemployment provided the loss of income during this time causes the family to be within eligibility standards for meals.

NOTE: CACFP Regulation 226.23(e): The eligibility application and household letter given out to families of enrolled participants shall contain only the income levels for reduced-price meal eligibility.

BOTTOM SECTION OF INCOME ELIGIBILITY APPLICATION TO BE COMPLETED BY SPONSORS:

The sponsor/center representative is to complete the bottom section of the form: total household size; total household income (if applicable); categorize form as free, reduced-priced or paid; signature, date categorized, effective date and expiration date of form.

Per recent USDA Instructions, sponsors have greater flexibility concerning the effective date. This flexibility applies only to eligibility determinations made through the submission of completed income applications. The date to be used to make this determination may be either of the following options:

- Option A: Date on which the sponsor or center representative signs the form to certify eligibility/category of the child; OR
- Option B: Date the parent or guardian signed the income eligibility form.

For Fiscal Year 2026 (beginning October 1, 2025), CACFP sponsors will indicate their procedure for determining the effective date when approving income eligibility applications on the Claims Reimbursement and Reporting System (CRRS) application center management plan.

Effective Date:

- Option A. The first day of the month in which the form was dated by the sponsor representative.
Example: The parent dated the form on July 9, 2025 and the sponsor representative dated/categorized the form on July 10, 2025. The form is effective July 1, 2025 and expires on July 31, 2026.
Example: The parent dated the form on July 31, 2025 and the sponsor representative dated/categorized the form on August 4, 2025. The form is effective August 1, 2025 and expires August 31, 2026.
- Option B. The date the parent or guardian signed the form.
Example: The parent dated the form on July 9, 2025 and the sponsor representative dated/categorized the form on July 10, 2025. The form is effective July 1, 2025 and expires on July 31, 2026.
Example: The parent dated the form on July 31, 2025 and the sponsor representative dated/categorized the form on August 4, 2025. The form is effective July 1, 2025 and expires on July 31, 2026.

Expiration Date: Income eligibility forms should be considered current and valid until the last day of the month in which the form was dated as categorized by the sponsor representative or date participant or guardian signed the application form one year previously. In other words, a form is valid for one year until the last day of the month in which the form was originally dated and categorized by the sponsor/center representative or dated by the participant or guardian if that option was submitted to the state agency as entered in the CRRS Family Day Care Home Management Plan.

Regardless of the procedure used to determine eligibility effective date, the sponsor/center representative must complete the bottom section of the income form to be valid including signature, date and category. Failure to complete the bottom section of the income form will make the form incomplete and the participant could only be claimed as paid until the month the bottom section of the income form was completed by the *sponsor/center representative*.

UPDATING FORMS:

In accordance with 7 CFR 226.23(f), CACFP institutions must collect and report to state agencies free, reduced-price and paid meal eligibility information. Such information must be updated annually and may not be more than 12 months old. Thus, parents or guardians must complete a new income eligibility application for free and reduced-price meals once every 12 calendar months for the childcare program to claim a child in the free or reduced-price category. Keep expired forms on file; however, the forms are invalid after 12 months.

MAINTAINING RECORDS:

Food program records (including income eligibility applications) must be kept on file for at least three years plus the current fiscal year, or longer if there is an unresolved evaluation/audit. The state agency has developed a master list form that center-based programs (excluding Head Start, Early Head Start, After School At-Risk Programs and Homeless/Domestic Violence/Emergency Shelters) should use to record which category each child is claimed and to simplify the monthly claim for reimbursement. A copy is available for download on the ODE website, education.ohio.gov.

INCOME ELIGIBILITY GUIDELINES:

Free and reduced-price income eligibility guidelines are updated each year by the Federal government on July 1. The guidelines effective July 1, 2025, through June 30, 2026, are noted on page 8. You must use this two-part chart and not the reduced-price guidelines on the household letter when categorizing and approving the income eligibility application. Do not distribute this chart to parents/families.

The income eligibility guidelines (on page 8) list the household size, the income for different pay periods/schedules (annual, monthly, twice per month, every two weeks and weekly), and show the upper income levels for the free and reduced-price categories. After reviewing an income application/form and determining the number of people in the household and the total household income, compare the household income to the correct pay period/schedule.

- To determine whether a child qualifies for **free** meals, the total household income must be equal to or less than the free income guidelines.
- To determine the **reduced-price** category, the household income must be equal to or less than the reduced-price income guideline, but greater than the free guidelines.
- An income application falls into the **paid** category when the household income is above the reduced-price household income.

REMINDERS FOR INCOME DETERMINATION

If the household has only one income source, or if all sources are received in the same frequency (annually, monthly, twice per month, every two weeks or weekly), compare the income or sum of the incomes to the income eligibility guidelines for that household size and pay frequency to determine eligibility and category.

Example: Jim Taylor	\$ 1,527 / every two weeks
Mary Taylor	\$ 843 / every two weeks
	\$ 2,370 / every two weeks

On the income eligibility guidelines chart, compare the household size to the income listed in the “every two weeks” column to determine category.

If the household reports income sources at more than one frequency (annually, monthly, twice per month, every two weeks or weekly), all the incomes must be converted to annual (yearly) totals by using the following annual income conversion: weekly income X 52, bi-weekly (every other week) income X 26, bi-monthly (twice per month) income X 24 and monthly income X 12. Do not round income amounts resulting from each conversion. After converting each income to annual income, add the incomes together. Then compare the number of household members to the total annual income on the income eligibility guidelines chart to make the eligibility determination/categorization.

Example: Bob Smith	\$ 800 / every two weeks	(800 x 26 = \$20,800)
Jane Smith	\$ 228 / weekly	(200 x 52 = \$11,336)
	\$ 153 / twice per month	(150 x 24 = \$ 3,672)
	\$ 100 / monthly	(100 x 12 = \$ 1,200)
	Total Household Income:	\$ 37,008 annually

USDA INCOME ELIGIBILITY GUIDELINES

Fiscal Year 2026

Effective July 1, 2025 through June 30, 2026

**Households with total incomes less than or equal to the values below
are eligible for free or reduced-price meals.**

HOUSEHOLD SIZE	FREE					REDUCED				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,345	1,696	848	783	392	\$28,953	2,413	1,207	1,114	557
2	\$27,495	2,292	1,146	1,058	529	\$39,128	3,261	1,631	1,505	753
3	\$34,645	2,888	1,444	1,333	667	\$49,303	4,109	2,055	1,897	949
4	\$41,795	3,483	1,742	1,608	804	\$59,478	4,957	2,479	2,288	1,144
5	\$48,945	4,079	2,040	1,883	942	\$69,653	5,805	2,903	2,679	1,340
6	\$56,095	4,675	2,338	2,158	1,079	\$79,828	6,653	3,327	3,071	1,536
7	\$63,245	5,271	2,636	2,433	1,217	\$90,003	7,501	3,751	3,462	1,731
8	\$70,395	5,867	2,934	2,708	1,354	\$100,178	8,349	4,175	3,853	1,927
Each Additional Member Add	\$7,150	596	298	275	138	\$10,175	848	424	392	196

Income Conversions:

Weekly Income x 52 = Annual Income

Every 2 Weeks Income (Every other Week, Bi-Weekly) X 26 = Annual Income

Twice a Month Income (Bi-Monthly) x 24 = Annual Income

This chart is to be used by institutions, schools, centers and sponsoring organizations to approve and categorize complete income eligibility applications for free and reduced- price meals.

This chart is not to be distributed to families/participants.

This institution is an equal opportunity provider.

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2025-2026

INSTRUCTIONS: To apply for free and reduced-price meals, read the household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4*, an adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. The form must be completed annually and valid for only 12 months.

CENTER NAME			CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court. Attach documentation)	PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.
PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER				
* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE		Check type ☐ FOOD ASSISTANCE (SNAP) or ☐ OHIO WORKS FIRST (OWF)
1.			☐	CASE NO. _____
2.			☐	CASE NO. _____
3.			☐	CASE NO. _____
4.			☐	CASE NO. _____

PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH		\$ amount / how often	\$ amount / how often	\$ amount / how often	\$ amount / how often
1.		\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.		\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.		\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.		\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.		\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.		\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* SIGNATURE OF ADULT HOUSEHOLD MEMBER	* DATE	* If Part 3 is completed, insert last 4 digits of Social Security Number ☐ (Check if applicable) I do not have a Social Security Number
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

☐ American Indian or Alaska Native	☐ Asian	☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander	☐ White	☐ Other
Please mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino		

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program. **State Distribution: July 2025**

THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion: Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12	Application Certified/Categorized as: ☐ FREE , based on ☐ Food Assistance/OWF Case No. ☐ Household size and income ☐ Foster Child ☐ REDUCED-PRICE , based on Household size and income ☐ PAID , based on ☐ Income too high ☐ Incomplete ☐ Invalid case number or information
Total Household Size: _____	Total Household Income: \$ _____ Per: ☐ week ☐ every two weeks ☐ twice per month ☐ month ☐ year

Signature of Sponsor / Center Representative

Date Sponsor Certified/Categorized Form

Effective Date

Expiration Date

Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application.

(From the first of month of date signed)

(Valid until last day of month in which form was signed one year earlier)

If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

HOUSEHOLD LETTER - Dear Parent or Guardian

Please help us comply with the requirements of the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the attached income eligibility application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. **The completion of the income eligibility application is optional.** Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced-price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for food assistance (SNAP) or Ohio Works First (OWF). Once approved for free or reduced-price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART (*denotes required info)

- Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
- List the enrolled child's age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Attach documentation to show foster child status.

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE OR OHIO WORKS FIRST: COMPLETE THIS PART AND PART 4 – If a child is a member of a food assistance (SNAP) or OWF household, they are automatically eligible to receive free CACFP meal benefits.

Circle the type of benefit received: Food Assistance (SNAP) or Ohio Works First (OWF).

- List a current food assistance or OWF case number for each child. This will be a 7-digit number. Do not list a swipe card number.

SKIP PART 3 – Do not list names of household members or income if you listed a valid Food Assistance (SNAP) or OWF case number for each child in Part 2.

PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME AND HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE PARTS 3 & 4.

- a) Write the names of all household members including yourself and the child(ren) that attends the child care center, noting any income received. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.
- b) Check the box for any person listed as a household member (including children) that has no income.
- c) For each household member, list each type of income received during the last month and list how often the money was received.
 1. Earnings from work before deductions: Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every two weeks, twice per month, monthly, annually). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, regarding deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
 2. List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.
 3. List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.
 4. List all other income sources. Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. Self-employed applicants should report income after expenses (net income) in column 1 under earnings from work. Business, farm or rental property report income should be entered in column 4. Do not include food assistance payments.

PART 4 – SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART (* denotes required info)

- a) * All applications must have the signature of an adult household member.
- b) * The adult signing the application must also date the form.
- c) * Only an application that lists income in Part 3 must have the last four digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box marked, "I do not have a Social Security Number." If you listed food assistance or OWF number for each child or if you are applying for a foster child, the last four digits of the social security number are not required.

PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this part for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20260- 9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

REDUCED-PRICE INCOME ELIGIBILITY GUIDELINES

Guidelines to be effective from July 1, 2025 through June 30, 2026.

Households with incomes less than or equal to the reduced-price values below are eligible for free or reduced-price meal benefits.

Number of Members	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$28,953	2,413	1,207	1,114	557
2	\$39,128	3,261	1,631	1,505	753
3	\$49,303	4,109	2,055	1,897	949
4	\$59,478	4,957	2,479	2,288	1,144
5	\$69,653	5,805	2,903	2,679	1,340
6	\$79,828	6,653	3,327	3,071	1,536
7	\$90,003	7,501	3,751	3,462	1,731
8	\$100,178	8,349	4,175	3,853	1,927
Each Additional Member Add	\$10,175	848	424	392	196

Ohio Department of Education and Workforce - Office of Nutrition
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions to Complete

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

CENTER NAME

CHILD'S NAME
(please print)

AGE

BIRTHDATE

month / day / year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE
AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List hours child normally in care				Check (✓) meals child normally receives while in care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

☐ Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.

**SIGNATURE OF
PARENT/GUARDIAN**

DATE

**DAY PHONE
NUMBER**

**MAILING ADDRESS
STREET /APT.**

CITY

ZIP CODE

PARENT BIRTHDATE month / day / year

PARENT EMAIL

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDAOASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (833) 256-1665 or (202)690-7448; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider

Revised 8/2024



United States Department of Agriculture



The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program)



WIC

Since 1974
The Foundation of
Healthy Families

What is WIC? WIC was established as a permanent program in 1974 to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. This mission is carried out by providing nutritious foods to supplement diets, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services. Find out more: <http://www.fns.usda.gov/wic/about-wic-wic-glance>

Where is WIC available?

The program is available in all 50 States, 34 Indian Tribal Organizations, American Samoa, District of Columbia, Guam, Commonwealth of the Northern Mariana Islands, Puerto Rico, and the Virgin Islands. While funded through grants from the Federal Government, WIC is administered by 90 State agencies, with services provided at a variety of clinic locations including, but not limited to, county health departments, hospitals, schools, and Indian Health Service facilities. To find the WIC offices serving your area go to:

<http://www.fns.usda.gov/wic/contacts>

What food benefits do WIC participants receive?

The foods provided through the WIC Program are designed to supplement participants' diets with specific nutrients. WIC authorized foods include infant cereal, baby foods, iron-fortified adult cereal, fruits and vegetables, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, yogurt, soy-based beverages, tofu, peanut butter, dried and canned beans/peas, canned fish, whole wheat bread and other whole-grain options. For infants of women who do not fully breastfeed, WIC provides iron-fortified infant formula. Spe-

cial infant formulas and medical foods may also be provided if medically indicated. Learn more about food benefits here: <http://www.fns.usda.gov/wic/wic-food-packages>

Program benefits include more than food.

WIC benefits are not limited only to food. Participants have access to a number of resources, including health screening, nutrition and breastfeeding counseling, immunization screening and referral, substance abuse referral, and more. Find out more:

<http://www.fns.usda.gov/wic/wic-benefits-and-services>

Am I eligible?

Pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who meet certain requirements are eligible. These requirements include income eligibility and State residency. Additionally, the applicant must be individually determined to be at "nutrition risk" by a health professional or a trained health official. To find out if you might be income eligible for WIC benefits go to:

<http://wic.fns.usda.gov/wps/pages/start.jsf>



How WIC Helps

WIC supplemental foods have shown to provide wide ranging benefits. They include longer, safer pregnancies, with fewer premature births and infant deaths; improved dietary outcomes for infants and children; improved maternal health; and improved performance at school, among others. In addition to health benefits, WIC participants showed significant savings in healthcare costs when compared to non-participants. Learn more about how WIC helps:

<http://www.fns.usda.gov/wic/about-wic-how-wic-helps>

What is “nutrition risk” and why is it important?

Two major types of nutrition risk are recognized for WIC eligibility: medically-based risks such as anemia, underweight, history of pregnancy complications, or poor pregnancy outcomes; and dietary risks, such as inappropriate nutrition/feeding practices or failure to meet the current Dietary Guidelines for Americans. Women, infants, and children at nutrition risk have much greater risk of experiencing health problems. Learn more about nutrition risk:

<http://www.fns.usda.gov/wic/wic-eligibility-requirements>

I’m eligible, what do I do next?

Those who are interested in applying for benefits should contact their State agency to request information on where to schedule an appointment. Applicants will be advised on what to bring to the appointment in order to verify eligibility. Contact your State agency here:

<http://www.fns.usda.gov/wic/contacts/>

EBT makes it easier to use food benefits.

In most WIC State agencies, participants receive paper checks or vouchers to purchase food, while a few distribute food through centralized warehouses or deliver the food to participants’ homes. However, all WIC State agencies have been mandated to implement WIC electronic benefit transfer (EBT) statewide by October 1, 2020. EBT uses a magnetic stripe or smart card, similar to a credit card, that participants use in the check-out lane to redeem their food benefits. EBT provides a safer, easier, and more efficient grocery experience and provides greater flexibility in the way WIC participants can shop. Find out more and check if your State supports EBT:

<http://www.fns.usda.gov/wic/wic-electronic-benefits-transfer-ebt>

Focus on breastfeeding.

Even though breast milk is the most nutritious and complete source of food for infants, nationally less than 30% of infants are breastfed at 1 year of age. A major goal of the WIC Program is to improve the nutritional status of infants; therefore, WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated. Pregnant women and new WIC mothers are provided breastfeeding educational materials and support through counseling and guidance. Explore the benefits of breastfeeding and find helpful resources here:

<http://www.fns.usda.gov/wic/breastfeeding-promotion-and-support-wic>

WIC Facts

- If you participate in another assistance program you may be automatically income-eligible for WIC.
- Breastfeeding mothers are eligible to participate in WIC longer than non-breastfeeding mothers.
- More than half of the infants in the U.S. participate in WIC.
- WIC participants support the local economy through their purchases.
- WIC works with farmers markets to help increase participant access to provide fresh, locally grown fruits and vegetables. Find out more here:

<http://www.fns.usda.gov/fmnp/wic-farmers-market-nutrition-program-fmnp>

Where can I learn more?

Information on FNS programs is available at www.fns.usda.gov/fns/

Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day millions of children participate in CACFP at child care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals

CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the five groups)
Milk	Milk	Milk
Fruit or Vegetable	Meat/meat alternate	Meat/meat alternate
Grain	Grain	Grain
Meat/meat alternate (may be substituted for the grain up to 3 times per week)	Vegetable (two different vegetables can be substituted for a fruit)	Vegetable
	Fruit	Fruit

Participating

Facilities Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Child Care Homes:** Licensed private homes.
- **After School Care Programs:** Centers in low-income areas provide free snack and/or meal to school-age children and youth.
- **Emergency Shelters:** Programs providing meals to homeless children.

Eligibility

State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through 18 in emergency shelters and after school care programs in needy areas.

Contact

If you have questions about CACFP, please contact one of the following:

Information

Sponsoring Organization/Center

Ohio Department of Education

Kid Works
10920 Hamilton Ave
Cincinnati OH 45231
(513) 686-8048

CACFP Program Specialist
25 S. Front Street, MS 303
Columbus, OH 43215-4183
Phone: 614-466-2945
Toll Free: 1-800-808-6235

Nondiscrimination

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.